n	16
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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

								7
Name of Committee in Full								
Hummer for Judge Committee						100	^	
Full Name of Contributor				Registrat	ion Num	ber, if PAG	3	
John M. Gaus								
Street Address	Employer/Occu	upatio	n/Labor Organization*				Form (Cash, Ch	eck, etc.)
8585 Renford Ct.							Check	
City	State	Zi	ip Code	M	D	Y	Amount	
Powell	OH	l	43065	0 7	0 9	0 9		100.00
Full Name of Contributor		occure-tologichei		Registrat	ion Num	ber, if PA	С	
Ronald B. Janes								
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)					
330 S. High Street							Check	
City	State	Z	ip Code	М	D	Y	Amount	
Columbus	O   H	. 1	43215	0 7	0 9	0 9		100.00
Full Name of Contributor			10210			ber, if PA	С	W/
	.10							
Gertner & Gertner, c/o Michael Gertne Street Address	Employer/Occ	unatio	on/Labor Organization*		Andrew Million		Form (Cash, Cl	neck, etc.)
	Employence	аринс	on David Organization				Check	
175 S. Third St., Suite 505	State	17	Lip Code	M	D	Y	Amount	
City		- 1	43215		0 9			100.00
Columbus	O   F.		43213			ber, if PA	<u> </u>	100.00
Full Name of Contributor	A 1	<u> </u>	. 1	Registra	uon ivun	1001, 11 1 7		
Andrew Cooke & Associates, LLC, c/o Andrew Cooke  Street Address   Employer/Occupation/Labor Organization*   Form (Cash, Check, etc.)								
Street Address	Employer/Occ	cupatio	on/Labor Organization*				i i	icck, cic.)
243 N. Fifth St., 3rd Floor	ļ			1	1 5	1 37	Check	
City	State	. 1	Zip Code	M	D	Y	Amount	100.00
Columbus	$O \mid F$	1	43215			0 9		100.00
Full Name of Contributor Registration Number, if PAC								
Timothy J. O'Connor								
Street Address	Employer/Occupation/Labor Organization*			1	Form (Cash, Check, etc.)			
3313 Eagle Trail							Check	
City	State	Z	Zip Code	M	D	Y	Amount	
Raleigh	NC	-	27615	0 7				100.00
Full Name of Contributor				Registra	tion Nur	nber, if PA	AC	
Homer F. Mincy								
Street Address	Employer/Occ	cupati	on/Labor Organization*		e Jacques e la company		Form (Cash, C	heck, etc.)
4063 Longhill Rd.							Check	
City	State	7	Zip Code	M	D	Y	Amount	
Columbus	0 1	1	43220	0 7	110	0 9		100.00
Full Name of Contributor				Registra	ation Nur	nber, if PA	AC	
Laborers' Int'l Union of North America	<b>,</b> -							
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, C	heck, etc.)				
				Check				
620 Alum Creek Drive	State		Zip Code	М	D	Y	Amount	
City	1	-1	43205	1 .	1 .	1 .		1,000.00
Coldinate				1,000.00				
I un Maine de Constitution								
William S. Walcott  Servet Address   Employer/Occupation/Labor Organization*   Form (Cash, Check, etc.)			'heck etc.)					
Street Address	Zinproj vii o varpanion – i B		Ř .	moon, cic.j				
783 Old Woods Drive				1	T =	1 4,	Check	
City	State	1	Zip Code	M	D	Y	Amount	150.00
Columbus	1 0	d	43235	0 7	1	0 9	nomo of the	150.00

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$	1 <i>,</i> 750.00